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Fill in this information to identify your c		
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example,	Delia First Name	First Name
	your driver's license or passport).	Middle Name	Middle Name
		Campos	
	Bring your picture identification to your meeting	Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you		
	have used in the last 8 years	First Name	First Name
	Include your married or	Middle Name	Middle Name
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of	xxx - xx - 5 6 7 5	vvv vv
	your Social Security	XXX - XX - <u>3</u> <u>0</u> <u>7</u> <u>3</u>	xxx - xx
	number or federal Individual Taxpayer	OR	OR
	Identification number	9xx - xx -	9xx - xx -

(ITIN)

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Debtor 1 Delia First Name		Campos C Middle Name Last Name	Case number (if known)		
	Filst Name		About Dakton 2 (Chausa Chinin a Jaint Casa)		
_		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Number	I have not used any business names or EINs	. I have not used any business names or EINs.		
	(EIN) you have used i the last 8 years	- .	Business name		
	Include trade names at doing business as nam		Business name		
	doing business as nam	Business name	Business name		
		EIN	EIN		
		EIN	EIN		
5.	Where you live		If Debtor 2 lives at a different address:		
		3349 W 61st Place			
		Number Street	Number Street		
		Chicago IL 60629			
		City State ZIP Code	City State ZIP Code		
		Cook			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.		
		Number Street	Number Street		
		P.O. Box	P.O. Box		
		City State ZIP Code	City State ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		
Р	art 2: Tell the C	ourt About Your Bankruptcy Case			
7.	The chapter of the Bankruptcy Code you		tice Required by 11 U.S.C. § 342(b) for Individuals Filing page 1 and check the appropriate box.		
	are choosing to file under	Chapter 7			
		Chapter 11			
		Chapter 12			
		☑ Chapter 13			

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Deb	otor 1 Delia		Campos	Case number (if known)
	First Name	Middle Name	Last Name	`	
8.	How you will pay the fee	cou pay	rt for more details about how you with cash, cashier's check, or m	my petition. Please check with a may pay. Typically, if you are ploney order. If your attorney is succedit card or check with a pre-p	aying the fee yourself, you may ubmitting your payment on your
				ts. If you choose this option, sign Installments (Official Form 103A	• •
		By I thar fee	aw, a judge may, but is not requal 150% of the official poverty line	You may request this option only ired to, waive your fee, and may e that applies to your family size his option, you must fill out the A 3B) and file it with your petition.	do so only if your income is less and you are unable to pay the
9.	Have you filed for	□ No			
	bankruptcy within the last 8 years?	☑ Yes			
		District 9	Chicago; Chapter 7	When <u>07/26/2011</u>	
		District -		When MM / DD / YYY	Case number
		District -		When MM / DD / YYY	Case number
10.	Are any bankruptcy cases pending or being	☑ No			
	filed by a spouse who is	☐ Yes			
	not filing this case with you, or by a business	Debtor		Relation	ship to you
	partner, or by an affiliate?	District		When	Case number,
		Debtor		Relation	ship to you
		District _		When	Case number,
11.	Do you rent your residence?	✓ No. ☐ Yes	. Has your landlord obtained a residence?	n eviction judgment against you a	and do you want to stay in your
			No. Go to line 12. Yes. Fill out Initial State and file it with this bank	ement About an Eviction Judgme	nt Against You (Form 101A)

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Deb	tor 1	Delia	Aidalla N	la ma a	Campos		Case number ((if known)	
P	art 3:		Middle N nv Bu		Last Name sses You Own as a	a Sole Pr	oprietor		
	Are you	u a sole proprietor full- or part-time	<u> </u>	No. (Go to Part 4. Name and location of b		<u></u>		
	busines individu separat	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of business, if any Number Street				
	sole pro	ave more than one oprietorship, use a e sheet and attach it etition.			Single Asset Rea Stockbroker (as c	ness (as de I Estate (as lefined in 1 er (as define	cribe your business. efined in 11 U.S.C. § defined in 11 U.S.C. 1 U.S.C. § 101(53A) ed in 11 U.S.C. § 10	(101(27A)) C. § 101(51B))	ZIP Code
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business		can mos	set ap	ppropriate deadlines. If y	you indicate nent of oper	e that you are a sma rations, cash-flow st	ıll business del atement, and f	business debtor so that it otor, you must attach your ederal income tax return 116(1)(B).
	debtor?	$\overline{\mathbf{V}}$	No.	I am not filing under C	hapter 11.				
		For a definition of small business debtor, see 11 U.S.C. § 101(51D).		No.	I am filing under Chapt the Bankruptcy Code.	ter 11, but I	am NOT a small bu	usiness debtor	according to the definition in
				Yes.	I am filing under Chap Bankruptcy Code.	ter 11 and I	am a small busines	ss debtor acco	rding to the definition in the
Pa	art 4:	Report If You Ov	wn oı	r Hav	e Any Hazardous F	Property	or Any Propert	y That Need	ds Immediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable			No Yes.	What is the hazard?				
	safety? any pro	to public health or Or do you own perty that needs ate attention?			If immediate attention	is needed,	why is it needed?		
	perisha livestoc	mple, do you own ble goods, or k that must be fed, or ng that needs urgent			Where is the property?	Number	Street		
						City			State 7IP Code

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Debtor 1 Debtor 1 Debtor 1 First Name Middle Name Last Name Case number (if known)

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. You must check one:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

About Debtor 1:

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing ab	ou
credit counseling because of:	

I have a mental illness or a mental deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	otor 1 Delia First Name	Middle Name	Campos Last Name		Case number (if	knowr	n)
Р	art 6: Answer The	se Questions f	or Reporting Purp	oos	es		
16.	What kind of debts do yo have?				sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."
					iness debts? Business debt ment or through the operation		debts that you incurred to obtain e business or investment.
		16c. State	e the type of debts you	owe	e that are not consumer or bus	siness	debts.
17. Are you filing under Chapter 7?		✓ No.	I am not filing under C	hap	ter 7. Go to line 18.		
	Do you estimate that after any exempt property is excluded and	er Yes.			•	-	kempt property is excluded and to distribute to unsecured creditors?
	administrative expenses are paid that funds will be available for distribution to unsecured creditors?	e	□ No □ Yes				
18.	How many creditors do you estimate that you owe?	✓ 1-49 □ 50-99 □ 100-19 □ 200-99			1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.	How much do you estimate your assets to be worth?	\$100,0	0,000 01-\$100,000 001-\$500,000 001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	How much do you estimate your liabilities t be?	\$100,0	01-\$100,000 001-\$500,000		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

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Debtor 1	Delia		Campos	Case number (if known)		
	First Name	Middle Name	Last Name			
Part 7:	Sign Below					
For you		I have exami and correct.	clare under penalty of perjury that the information provided is true			
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.				
		not pay or agree to pay someone who is not an attorney to help meand read the notice required by 11 U.S.C. \S 342(b).	;			
		I request relie	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.			
		connection w	•	concealing property, or obtaining money or property by fraud in result in fines up to \$250,000, or imprisonment for up to 20 years, and 3571.	1	
		X <u>/s/ Delia</u>	Campos npos, Debtor 1	X Signature of Debtor 2		
			on 11/16/2016 MM / DD / YYYY	Executed on		

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Debtor 1	Delia	Campos	Case number (if know	n)				
	First Name	Middle Name Last Name		,				
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.		I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.						
		X /s/ Robert J. Adams & Asso Signature of Attorney for Debtor		11/16/2016 MM / DD / YYYY				
		Robert J. Adams & Associa	ates					
		Printed name						
		Robert J Adams & Associa	tes					
		Firm Name						
		901 W Jackson Suite 202						
		Number Street						
		Chicago	IL	60607				
		City	State	ZIP Code				
		Contact phone (312) 346-010	DO Email address					
		0013056						
		Bar number	State	_				

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Fill in this	information to ident	ify your case and this filing:			
Debtor 1	Delia	Campos			
	First Name	Middle Name Last Name			
Debtor 2 (Spouse, if fili	ing) First Name	Middle Name Last Name			
		NODTHEDN DISTRICT OF ILL INOIS			
		NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)	·		<u> </u>	if this is an led filing	
Official Fo	rm 106A/B				
Schedule	A/B: Property			12/15	
filing together, sheet to this for Part 1:	, both are equally respon orm. On the top of any ac	nk it fits best. Be as complete and accurate a sible for supplying correct information. If modditional pages, write your name and case nur dence, Building, Land, or Other Real E	re space is needed, attach a suber (if known). Answer eve	separate ery question.	
□ No. 0	wn or have any legal or e Go to Part 2. Where is the property?	quitable interest in any residence, building, la	nd, or similar property?		
1.1. 3349 W. 61s t	Place, Chicago, IL 606	What is the property? Check all that apply. Single-family home	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim	ims on Schedule D:	
single family	house	Duplex or multi-unit building Condominium or cooperative	Current value of the entire property?	Current value of the portion you own?	
		Manufactured or mobile home Land	\$47,500.00	\$47,500.00	
County		☐ Land ☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.		
		Who has an interest in the property?	Fee simple		
		Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is comm (see instructions)	nunity property	
		Other information you wish to add about property identification number:	ut this item, such as local	_	
	•	you own for all of your entries from Part 1, inced for Part 1. Write that number here	- · ·	\$47,500.00	
Part 2:	Describe Your Vehic	eles			
-	· · · · · · · · · · · · · · · · · · ·	uitable interest in any vehicles, whether they a lease a vehicle, also report it on Schedule G: Ex	_	•	
3. Cars, van	s, trucks, tractors, sport	utility vehicles, motorcycles			
□ No ▽ Yes					

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Deb	tor 1 Delia First Name	e Middle Name	Campos Last Name	Case number (if known)	
3.1. Mak Mod Year	el:	Dodge Durango 2008	Who has an interest in the property? Check one. ☑ Debtor 1 only ☐ Debtor 2 only	Do not deduct secured clain amount of any secured clain Creditors Who Have Claims Current value of the	ms on Schedule D: s Secured by Property. Current value of the
	roximate mileage:		Debtor 1 and Debtor 2 only	entire property?	portion you own?
	er information:		At least one of the debtors and anoth	ner \$1,000.00	\$1,000.00
200 mile	. •	go (approx. 16000	Check if this is community propert (see instructions)	ty	
4.			and other recreational vehicles, other value watercraft, fishing vessels, snowmobiles		
5.		•	own for all of your entries from Part 2, ir Part 2. Write that number here	_	\$1,000.00
Pa	art 3: Descr	ibe Your Personal a	and Household Items		
Doy	ou own or have a	any legal or equitable in	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	-	s and furnishings appliances, furniture, line	ens, china, kitchenware		
	☐ No ✓ Yes. Describ	e 6 room house			\$500.00
7.	•		video, stereo, and digital equipment; comp evices including cell phones, cameras, me		
	✓ No ☐ Yes. Describ	e			
8.		ues and figurines; paintin	gs, prints, or other artwork; books, pictures ollections; other collections, memorabilia,	· · · · · · · · · · · · · · · · · · ·	
	✓ No ☐ Yes. Describ	e			
9.	Examples: Sports		, and other hobby equipment; bicycles, po tools; musical instruments	ol tables, golf clubs, skis;	
	✓ No ☐ Yes. Describ	e			
10.	•	s, rifles, shotguns, ammu	nition, and related equipment		
	✓ No Yes. Describ	e			
11.		day clothes, furs, leather	coats, designer wear, shoes, accessories		
	☐ No ☐ Yes. Describ	e Clothes			\$500.00

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Deb	tor 1	Delia		Campos	Case number (if known)	
	F	irst Name	Middle Name	Last Name		
12.	Jewelry Examples	s: Everyday jewel gold, silver	ry, costume jewelry, e	ngagement rings, we	dding rings, heirloom jewelry, watches, ç	gems,
	✓ No ☐ Yes.	Describe				
13.	Non-farm Examples	n animals s: Dogs, cats, bird	ds, horses			
	✓ No ☐ Yes.	Describe				
14.	Any othe	•	ousehold items you	did not already list,	including any health aids you	
	✓ No ☐ Yes.	Give specific				
	inforr	nation				
15.	Add the dattached	dollar value of all for Part 3. Write	of your entries from the number here	Part 3, including ar	ny entries for pages you have	→ \$1,000.00
Pá	art 4:	Describe You	ır Financial Asse	ts		
Doy	ou own o	or have any legal	or equitable interest	in any of the follow	ing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples	s: Money you hav petition	e in your wallet, in you	ır home, in a safe de	posit box, and on hand when you file you	и
	□ No ✓ Yes				Cash:	\$25.00
17.	•	_	ses, and other similar		of deposit; shares in credit unions, we multiple accounts with the same	
	✓ No ☐ Yes		Institution	name:		
18.			oublicly traded stock restment accounts wit		oney market accounts	
	✓ No ☐ Yes		Institution or issuer r	name:		
19.	-	-	cand interests in inc tnership, and joint ve	•	corporated businesses, including	
	inforr	Give specific nation about	Name of entity:		% of owners	hip:
20.	Governm Negotiab	nent and corporate include instruments in the instruments in the instruments in the instruments in the instrument	te bonds and other n	cashiers' checks, pro	negotiable instruments remissory notes, and money orders. reby signing or delivering them.	•
	inforr	Give specific nation about	lanuar nazza:			
	ınem		Issuer name:			

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Deb	tor 1	Delia		Campos	Case number (if known)	
		First Name	Middle Name	Last Name		
21.		irement or pension a amples: Interests in IF profit-sharing	RA, ERISA, Keogh, 40	01(k), 403(b), thrift savings	accounts, or other pension or	
		No Yes. List each account separately.	Type of account:	Institution name:		
22.	You <i>Exa</i>		deposits you have m		nue service or use from a company tric, gas, water), telecommunications	
	ڪ	No Yes		Institution name or individ	lual:	
23.	$\overline{\mathbf{V}}$	No			either for life or for a number of years)	
		Yes	. Issuer name and	description:		
24.		rests in an educatio J.S.C. §§ 530(b)(1), 5			gram, or under a qualified state tuition p	rogram.
		No Yes	. Institution name a	nd description. Separately	y file the records of any interests. 11 U.S.C	C. § 521(c)
25.		sts, equitable or futu vers exercisable for		erty (other than anything	listed in line 1), and rights or	
		No Yes. Give specific information about the	em			
26.				ets, and other intellectua proceeds from royalties an		
		No Yes. Give specific information about the	em			
27.		enses, franchises, and mples: Building perm	•	•	holdings, liquor licenses, professional lice	nses
		No Yes. Give specific information about the	em			
Mor	ney o	or property owed to y	you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax	refunds owed to yo	u			
	$\overline{\mathbf{V}}$	No				
		Yes. Give specific in			Federa	al: \$0.00
		about them, including you already filed the			State:	\$0.00
		and the tax years			Local:	\$0.00
					Loodi.	

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Debt	tor 1	Delia		Campos	Case number (if known)	
		First Name	Middle Name	Last Name	· , ,	
29.	Examp		lump sum alimony, spo	ousal support, child suppo	ort, maintenance, divorce settlement, p	property settlement
	✓ No	s. Give specific i	nformation		Alimony:	\$0.00
					Maintenance	\$0.00
					Support:	\$0.00
					Divorce settl	ement: \$0.00
					Property set	element: \$0.00
30.	Examp No	compensation	es, disability insurance on, Social Security ben	payments, disability bendefits; unpaid loans you m	efits, sick pay, vacation pay, workers' ade to someone else	
31.		sts in insurance poles: Health, disab		health savings account (HSA); credit, homeowner's, or renter's	insurance
	Cor	es. Name the insumpany of each po d list its value	olicy	me:	Beneficiary:	Surrender or refund value:
32.	If you a	are the beneficiary	•	•	d surance policy, or are currently	
	✓ No ☐ Ye	o es. Give specific i	nformation			
33.				you have filed a lawsuinsurance claims, or rights	t or made a demand for payment to sue	
	✓ No	o s. Describe each	ı claim			
34.		contingent and u to set off claims	ınliquidated claims of	every nature, including	g counterclaims of the debtor and	
	✓ No	o s. Describe each	ı claim			
35.	Any fir	nancial assets yo	ou did not already list			
	✓ No ☐ Ye	s. Give specific i	nformation			
36.					entries for pages you have	→ \$25.00
Pa	art 5:	Describe Any	y Business-Relate	ed Property You Ow	n or Have an Interest In. List	any real estate in Part 1.
37.	Do you	u own or have an	ny legal or equitable i	nterest in any business-	-related property?	
		o. Go to Part 6. es. Go to line 38.				

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Deb	tor 1	Delia		Campos	Case number (if known)	
		First Name	Middle Name	Last Name		Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accour	nts receivable or	commissions you al	ready earned		·
	✓ No ☐ Yes	s. Describe				
39.		es: Business-rela	shings, and supplies ated computers, softwares, electronic devices	are, modems, printers, c	opiers, fax machines, rugs, telephones,	
	✓ No	s. Describe				
40.	Machin	ery, fixtures, eq	uipment, supplies yo	u use in business, and	tools of your trade	
	✓ No	s. Describe				
41.	Invento	ory				
	✓ No	s. Describe				
42.	Interes	ts in partnership	os or joint ventures			
	✓ No ☐ Yes	s. Describe N	lame of entity:		% of ownership:	
43.	Custon	ner lists, mailing	lists, or other compi	ations		
	✓ No ☐ Yes	s. Do your lists		entifiable information(as defined in 11 U.S.C. § 101(41A))?	
44.	Any bu	siness-related p	roperty you did not a	Iready list		
	✓ No ☐ Yes	s. Give specific in	nformation.			
45.			•		y entries for pages you have →	\$0.00
Pa				nercial Fishing-Re armland, list it in Pa	lated Property You Own or Have a rt 1.	n Interest In.
46.	Do you	own or have an	y legal or equitable ir	terest in any farm- or	commercial fishing-related property?	
	_	Go to Part 7. Go to line 47.				
47	Earm o	nimale				Current value of the portion you own? Do not deduct secured claims or exemptions.
47.			oultry, farm-raised fish			
	✓ No ☐ Yes	S				

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Deb	tor 1	Delia		ampos	Case number (if known)			
		First Name	Middle Name La	ast Name				
48.	Crops-	either growing or	harvested					
	☑ No)						
	☐ Ye	s. Give specific						
	info	ormation						
49.	Farm a	and fishing equipm	ent, implements, machine	ery, fixtures, and tools of tra	de			
	☑ No)						
	Ye	·S						
50.	Farm a	and fishing supplie	s, chemicals, and feed					
	☑ No)						
	Ye							
51.	Any fa	rm- and commerci	al fishing-related property	you did not already list				
	√ No)						
	_	s. Give specific						
	info	ormation						
52.			•	t 6, including any entries for				\$0.00
	attach	ed for Part 6. Write	e that number here			7		Ψ0.00
Pá	art 7:	Describe All P	roperty You Own or I	Have an Interest in Tha	t You Did Not List Abo	ove		
			. ,					
53.	-		rty of any kind you did no	t already list?				
	Examp	oles: Season tickets	, country club membership					
	☑ No)						
	☐ Ye	s. Give specific info	ormation.					
5 4	Add th	o dollar value of al	Il of your ontrine from Par	t 7. Write that number here.		_		\$0.00
J 4 .			i or your entities ironi i ar	t 7. Write that number here.		1		<u> </u>
Pa	art 8:	List the Totals	of Each Part of this	Form				
55.	Part 1:	: Total real estate. I	line 2			→		\$47,500.00
•••								• • • • • • • • • • • • • • • • • • •
56.	Part 2:	Total vehicles, lin	e 5	\$1,0	000.00			
57.	Part 3:	: Total personal an	d household items, line 1	5 \$1,0	00.00			
58.	Part 4:	: Total financial ass	sets, line 36	,	\$25.00			
			•		<u></u>			
59.	Part 5:	Total business-re	lated property, line 45		\$0.00			
	D 1 0	T-1-1 (1 ()	al Communitate di managemente a Por	- 50	#0.00			
60.	Part 6:	i Total farm- and fis	shing-related property, lin		\$0.00			
61.	Part 7:	: Total other prope	rty not listed, line 54	_	\$0.00			
			•	т-				
62	Total n	personal property	Add lines 56 through 61.	\$2.0	Copy personal	_		\$2,025.00
V	. J.u. p	sonar proporty.	aa iiiloo oo uiilougii o i.	Ψ2,	property total	7	T	+-,
						ſ		
63.	Total c	of all property on S	chedule A/B. Add line 5	55 + line 62				\$49,525.00

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Fill in this inf	formation to i	dentify your	case:			
Debtor 1	Delia First Name	Middle Name	Campos			
Debtor 2 (Spouse, if filing)) First Name	Middle Name	e Last Name			
1		r the: NORTHE	RN DISTRICT OF	ILLIN	IOIS	☐ Check if this is an
Case number (if known)						amended filing
Official Form	106C					
Schedule C	: The Prope	erty You Cl	laim as Exem _l	ot		04/16
Using the property	you listed on Schill out and attach t	nedule A/B: Prop to this page as m	perty (Official Form 10	6A/B)	as your source, list th	esponsible for supplying correct information. e property that you claim as exempt. If more essary. On the top of any additional pages,
is to state a speci exempted up to the receive certain be exemption of 100 property is determined.	ific dollar amoun he amount of any enefits, and tax-e % of fair market mined to exceed	t as exempt. Al applicable stat xempt retireme value under a la that amount, yo	Iternatively, you may tutory limit. Some e nt fundsmay be un aw that limits the exe	clair xemp limite empti	n the full fair market tionssuch as those d in dollar amount. I	you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the le statutory amount.
rait i. iac	sitting the riop	ocity rou oic	ann as Exempt			
✓ You are	-	d federal nonban	Check one only, nkruptcy exemptions. U.S.C. § 522(b)(2)		if your spouse is filing S.C. § 522(b)(3)	with you.
2. For any prop	perty you list on S	Schedule A/B th	nat you claim as exe	mpt, f	ill in the information	below.
Brief description Schedule A/B tha			Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description:			\$47,500.00	V	\$15,000.00	735 ILCS 5/12-901
single family ho					100% of fair market value, up to any applicable statutory limit	
Brief description: 2008 Dodge Dumiles)		16000	\$1,000.00		\$1,000.00 100% of fair market value, up to any	735 ILCS 5/12-1001(c)
	le A/B: 3.1				applicable statutory limit	
Line from Schedul						

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Debtor 1	Delia		Campos		Case number	(if known)		
Part 2:	First Name Additional	Middle Name	Last Name					
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	the portion you exemption you c		Specific laws that allow exemption			
			Copy the value from Schedule A/B		k only one box for exemption			
Brief description: 6 room house Line from Schedule A/B: 6		6	\$500.00	Ц ,	\$500.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)		
Brief descri	iption:		\$500.00	ш	\$500.00 100% of fair market	735 ILCS 5/12-1001(a), (e)		
Line from S	Schedule A/B:	<u>11</u>		;	value, up to any applicable statutory limit			
Brief descri cash Line from S		16	\$25.00	Ц ,	\$25.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)		

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Fill in this info	ormation to identi					
Debtor 1	Delia First Name		Campos Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name L	ast Name			
United States Bar	nkruptcy Court for the:	NORTHERN DISTR	ICT OF ILLINOIS	,		
Case number					— • • • • • • • •	
(if known)					Check if this is amended filing	
Official Form	106D					
	Creditors Who	n Have Claims	Secured by	Property		12/15
1. Do any credit No. Chee Yes. Fill Part 1: List List all secure claim, list the coreditor has a	n. If more space is no additional pages, writ ors have claims secu	red by your property? this form to the court was below. The below. The below is the court was below. The below is the court was below. The below is the court was below in the court was below. The below is the court was below in the court was a court w	tional Page, fill it of e number (if known)? with your other sche ecured an one t 2. As	out, number the entri n).	y responsible for supes, and attach it to this and attach it to this sing else to report on this column B Value of collateral that supports this	s form.
creditor's nam	e.	Describe the prop	erty that	value of collateral	claim	If any
2.1		secures the claim:	-	\$590.00	\$590.00	
City of Chicago Creditor's name		– lien				
Department of Windows Street	Vater Management	_				
P.O Box 6330			. filo Alea alaimaia.	Observation at the state of the		
		As of the date youContingent	i file, the claim is:	Check all that apply.		
Chicago	IL 60680	_ Unliquidated				
City Who owes the deb	State ZIP Code	Disputed				
Debtor 1 only	A: Oncok onc.	Nature of lien. Ch		mortgage or secured	car loan)	
Debtor 2 only		_	such as tax lien, me			
☐ Debtor 1 and D ☐ At least one of	ebtor 2 only the debtors and anothe	Judgment lien f				
		Other (including	g a right to offset)			
to a communit						
Date debt was inc	urred	Last 4 digits of acc	count number			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$590.00

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Debtor 1			Campos	Case number (if known)				
	First Name	Middle Nan	ne Last Name		,			
Part 1:	Additional Page After listing any entries on sequentially from the previous			Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any		
2.2			Describe the property that secures the claim:	\$1,385.00	\$1,385.00			
Cook County Treasurer Creditor's name Attn: Legal Dept., Bankruptcy Number Street 118 N. Clark Rm 112			tax lien					
Debtor Debtor Debtor	State Z the debt? Check 1 only	ly	As of the date you file, the claim is Contingent Unliquidated Disputed Nature of lien. Check all that apply An agreement you made (such a Statutory lien (such as tax lien, rule) Judgment lien from a lawsuit Other (including a right to offset)	: as mortgage or secured nechanic's lien)	l car loan)			
to a co	if this claim relat ommunity debt		Taxes					
Date debt	was incurred 20	015	Last 4 digits of account number	0 0 0				

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,385.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$1,975.00

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Fill in this inf	ormation to i	dentify your o	case:					
Debtor 1	Delia			Campos				
	First Name	Middle Name)	Last Name				
Debtor 2					_			
(Spouse, if filing)	First Name	Middle Name)	Last Name				
United States Ba	nkruptcy Court fo	r the: NORTHEF	RN DI	STRICT OF ILLINOIS	-			
Case number						Г	Check if this is a	an
(if known)						_	amended filing	
Official Form	106E/F							
Schedule E/	F: Creditor	s Who Hav	e Uı	nsecured Claims				12/15
Do not include an If more space is n to this page. On t	y creditors with leeded, copy the lhe top of any ad	partially secured Part you need, f	d clair fill it o write y	on Schedule G: Executory on Schedule G: Executory on that are listed in Schedut, number the entries in the rour name and case number the Claims	ule D he bo	: Creditors Who leaves on the left.	Hold Claims Secur	ed by Property.
1. Do any credit	tors have priorit	y unsecured clai	ims ac	ainst you?				
☐ No. Go t		,	•	,,				
☐ Yes.								
claim. For ea show both pric more space is claim, list the	ch claim listed, ic ority and nonprior s needed for prior other creditors in	lentify what type o ity amounts. As r ity unsecured clai Part 3.	of clain much a ims, fil	tor has more than one priorit n it is. If a claim has both pr as possible, list the claims in I out the Continuation Page ructions for this form in the in	iority alpha of Pa	and nonpriority an abetical order acc rt 1. If more than	nounts, list that claid ording to the credite	m here and or's name. If
(i oi aii expiai	lation of each typ	or claim, see in	10 11130	detions for this form in the h	1311 00	Total claim	Priority amount	Nonpriority amount
2.1						\$3,820.00	\$3,820.00	\$0.00
Robert J. Adams	s & Associates	;						
Priority Creditor's Nam	ie		– Las	t 4 digits of account numb	er -		-	
901 W. Jackson Number Street	, Suite 202		_ Whe	en was the debt incurred?	<u>11</u>	1/07/2016	_	
			_ As o	of the date you file, the clai	im is:	: Check all that ap	ply.	
				Contingent		·		
Chicago	IL	60607		Unliquidated Disputed				
City	State	ZIP Code		·				
Who incurred the	debt? Check	one.	Тур	e of PRIORITY unsecured	claim):		
Debtor 1 only Debtor 2 only				Domestic support obligation Taxes and certain other deb		u owo the govern	nont	
Debtor 1 and D	Debtor 2 only			Claims for death or persona	•	•	nem	
At least one of	the debtors and			intoxicated	.,	, , , , , , , , , , , , , , , , , , , ,		
☑ Check if this o		nmunity debt		Other. Specify				
Is the claim subje	ct to offset?			Attorney fees for this ca	ase			
✓ No ☐ Yes								

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Debtor 1	Delia First Name	Middle Name	Campos Last Name	Case number (if known)	
Part 2	List All of	Your NONPRIORI	TY Unsecured Clair	ns	
3. Do a	anv creditors have	nonpriority unsecure	d claims against you?		
	•		• •	e court with your other schedules.	
If a d type	creditor has more to of claim it is. Do r	han one nonpriority unse not list claims already in	ecured claim, list the cred cluded in Part 1. If more	der of the creditor who holds each claim. ditor separately for each claim. For each claim liste than one creditor holds a particular claim, list the cut the Continuation Page of Part 2.	
					Total claim
4.1					\$500.00
	ark Premier Creditor's Name		Last 4 digits of acco		
P.O Box			When was the debt i		
Number	Street			ile, the claim is: Check all that apply.	
-					
			— ☐ Disputed		
Monroe		WI 53566-8045	_ <u>_</u> .		
City Who incu	irred the debt?	State ZIP Code Check one.	• •	TY unsecured claim:	
	or 1 only	Chical chic.	Student loans	are out of a concretion agreement or diverse	
ш	or 2 only			ng out of a separation agreement or divorce eport as priority claims	
Debte	or 1 and Debtor 2 o	•		or profit-sharing plans, and other similar debts	
✓ At lea	ast one of the debto	ors and another	Other. Specify	or promonantly plane, and other onlines doze	
☐ Chec	k if this claim is f	or a community debt	Other		
Is the cla ✓ No ☐ Yes	im subject to offs	et?			
4.2					\$2,500.00
Capital	One Bank		Last 4 digits of acco	ount number	
Nonpriority	Creditor's Name		When was the debt i	incurred?	
PO Box Number	Street		As of the date you fi	ile, the claim is: Check all that apply.	
			_	.,,,	
			Unliquidated		
Richmo	nd	VA 23276	Disputed		
City	iiu .	State ZIP Code	Type of NONPRIORI	TY unsecured claim:	
	rred the debt?	Check one.	Student loans		
= - · ·	or 1 only			ng out of a separation agreement or divorce	
$=$ \sim \sim	or 2 only or 1 and Debtor 2 o	noly		eport as priority claims	
	or 1 and Debtor 2 on the debtor 2 on the debtor 2 on the debtor 2 or 1		= ~ ~	or profit-sharing plans, and other similar debts	
		or a community debt	Other. Specify		
_			Credit Card		
No Yes	im subject to offs	etr			

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Debtor 1 Delia	Campos Case number (if known)	
First Name Middle Name	Last Name	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.3		\$700.00
Citibank	Last 4 digits of account number	<u> </u>
Nonpriority Creditor's Name	When was the debt incurred?	
P.O.Box 6000 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
The Lakes NV 89163		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset? No		
☑ No ☐ Yes		
4.4		\$275.00
City of Chicago	Last 4 digits of account number	
Nonpriority Creditor's Name Dept. Of Revenue	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
Aminstrative Hearings Collections	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
121 N. Lasalle	— ☐ Disputed	
Chicago IL 60602 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify	
Is the claim subject to offset?	parking tickets-non dischargeable	
No		
Yes		
4.5		A4 000 00
	Lock A digita of account number	\$1,000.00
ComEd Nonpriority Creditor's Name	Last 4 digits of account number When was the debt incurred?	
Customer Care Center		
Number Street P.O.Box 87522	As of the date you file, the claim is: Check all that apply. Contingent	
	Unliquidated	
Chicago IL 60680	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Utility Service	
Is the claim subject to offset?		
☑ No □ Yes		
1 1 100		

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Debtor 1 Delia		Campos Case number (if known)	
First Name	Middle Name	Last Name	
Part 2: Your NO	NPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries of previous page.	on this page, number the	em sequentially from the	Total claim
4.6			\$450.00
Country Door		Last 4 digits of account number	
Nonpriority Creditor's Name 1112 7th Ave		When was the debt incurred?	
Number Street		As of the date you file, the claim is: Check all that apply.	
		Contingent	
		☐ Unliquidated ☐ Disputed	
Monroe	WI 53566		
City Who incurred the debt?	State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Oncok onc.	Student loans Obligations origing out of a consention agreement or diverse	
Debtor 2 only		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
☐ Debtor 1 and Debtor 2	•	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the del		☑ Other. Specify	
☐ Check if this claim is	for a community debt	Credit Card	
Is the claim subject to of	fset?		
✓ No ☐ Yes			
4.7			\$2,000.00
Credit One Bank		Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 98872		When was the debt incurred?	
Number Street		As of the date you file, the claim is: Check all that apply.	
		_ Contingent	
		Unliquidated	
Las Vegas	NV 89193	Disputed	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt?	Check one.	☐ Student loans	
Debtor 1 only Debtor 2 only		Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2	only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the del	otors and another	Other. Specify	
☐ Check if this claim is	for a community debt	Other	
Is the claim subject to of	fset?		
☑ No			
Yes			
4.8			\$500.00
Dr. Leonards		Last 4 digits of account number	
Nonpriority Creditor's Name P.O.Box 2845		When was the debt incurred?	
Number Street		As of the date you file, the claim is: Check all that apply.	
		_ Contingent	
		☐ Unliquidated ☐ Disputed	
Monroe	WI 53566		
City Who incurred the debt?	State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Debtor 1 only	Check one.	Student loans	
Debtor 2 only		Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2	•	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the del	otors and another	Other. Specify	
☐ Check if this claim is	for a community debt	Medical	
Is the claim subject to of	fset?		
✓ No ☐ Yes			
100			

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Debtor 1 Delia	Campos Case number (if known)	
First Name Middle Name	Last Name	
Part 2: Your NONPRIORITY Unse	ecured Claims Continuation Page	
After listing any entries on this page, number previous page.	them sequentially from the	Total claim
4.9		\$250.00
Eifth Third Bank	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 630952 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated Disputed	
Cincinnati OH 45263		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations origing out of a congretion agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community del	ot Credit Card	
Is the claim subject to offset? ✓ No		
Yes		
4.10		\$1,650.00
First National Credit Card Nonpriority Creditor's Name	Last 4 digits of account number	
PO Box 3038	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
	Disputed	
Evansville IN 47730 City State ZIP Code	Tune of NONDRIGRITY uncontrol eleims	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community del	ot Credit Card	
Is the claim subject to offset?	0.04.0	
☑ No		
Yes		
4.11		\$1,000.00
Eirst Premier Bank	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
P.O.Box 5519 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Sioux Falls SD 57117-55	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community del	ot Credit Card	
Is the claim subject to offset?		
☑ No □ Yes		

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Debtor 1	Delia		Campos Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsecu	red Claims Continuation Page	
After listin		on this page, number the	m sequentially from the	Total claim
4.12				\$2,900.00
	ings Credit C	ard	Last 4 digits of account number	
500 E 601	Creditor's Name		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			☐ Unliquidated ☐ ☐ Disputed	
Sioux Fa	lls	SD 57104		
City Who incur	red the debt?	State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
	r 1 only	Officer offic.	Student loans	
_	r 2 only		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
☐ Debtor	r 1 and Debtor 2	•	Debts to pension or profit-sharing plans, and other similar debts	
		otors and another	✓ Other. Specify	
☐ Check	if this claim is	for a community debt	Credit Card	
Is the clair	m subject to of	fset?		
☑ No				
Yes				
4.13				\$900.00
HSBC Ba	ank USA, N.A.		Last 4 digits of account number	Ψ300.00
	Creditor's Name		When was the debt incurred?	
K .	C Center			
Number	Street		As of the date you file, the claim is: Check all that apply. — Contingent	
			Unliquidated	
		NN/ 44000	Disputed	
Buffalo City		NY 14202 State ZIP Code	Time of NONDRIGHTY arrangement algebra	
	red the debt?	Check one.	Type of NONPRIORITY unsecured claim:	
	r 1 only		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
- .	r 2 only		that you did not report as priority claims	
ш.	r 1 and Debtor 2	only otors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
			Other. Specify	
ш		for a community debt	Credit Card	
No No	m subject to of	iset?		
Yes				
_				
4.14				\$1,671.00
	n Capital Syst	ems	Last 4 digits of account number	
P.O. Box	Creditor's Name		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			Unliquidated	
St. Cloud	 I	MN 56302-9617	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt?	Check one.	Student loans	
≝ ~	r 1 only r 2 only		Obligations arising out of a separation agreement or divorce	
	r 1 and Debtor 2	only	that you did not report as priority claims	
		otors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
_	t if this claim is	for a community debt	✓ Other. Specify Collecting for -Gettington.COM	
_	m subject to of	-		
No No	,			
Yes				

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Debtor 1	Delia		Campos Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsecu	red Claims Continuation Page	
After listir	•	on this page, number the	m sequentially from the	Total claim
4.15				\$1,750.00
Merrick E	Bank		Last 4 digits of account number	<u> </u>
	reditor's Name		When was the debt incurred?	
PO Box 5	Street		As of the date you file, the claim is: Check all that apply.	
			_ ☐ Contingent	
			Unliquidated	
Hicksville	е	NY 11802-5721	Disputed	
City	141 1140	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? r 1 only	Check one.	☐ Student loans	
	r 2 only		Obligations arising out of a separation agreement or divorce	
	r 1 and Debtor 2	? only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At leas	st one of the del	otors and another	☐ Other. Specify	
☐ Check	if this claim is	for a community debt	Credit Card	
	m subject to of	fset?		
✓ No				
Yes				
4.16				\$2,100.00
Midland	Funding LLC		Last 4 digits of account number	
	Creditor's Name		When was the debt incurred?	
P.O Box	Street		As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			Unliquidated	
Los Ange	eles	CA 90060	─	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt?	Check one.	☐ Student loans	
ш	r 1 only r 2 only		Obligations arising out of a separation agreement or divorce	
ш	r 1 and Debtor 2	? only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	st one of the del	otors and another	Other. Specify	
☐ Check	t if this claim is	for a community debt	Collecting for -Webbank	
	m subject to of	fset?		
✓ No				
Yes				
4.17				\$72.00
One Adva	antage, LLC		Last 4 digits of account number	
, ,	Creditor's Name		When was the debt incurred?	
1232 W s Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			Unliquidated	
Laporte		IN 46350	Disputed	
City	ماداد مطادات	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? r 1 only	Check one.	Student loans	
ш	r 2 only		Obligations arising out of a separation agreement or divorce	
ш	r 1 and Debtor 2	? only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	st one of the del	otors and another	Other. Specify	
☐ Check	t if this claim is	for a community debt	Collecting for -Nipsco	
	m subject to of	fset?		
✓ No				
☐ Yes				

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Debtor 1	Delia		Campos Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsecu	red Claims Continuation Page	
After listin		on this page, number the	m sequentially from the	Total claim
4.18				\$320.00
Portfolio	Recovery		Last 4 digits of account number	
	reditor's Name		When was the debt incurred?	
Number	orate Blvd., S Street	te. 1	As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			Unliquidated	
Norfolk		VA 23502	─	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? 1 only	Check one.	Student loans	
ш	2 only		Obligations arising out of a separation agreement or divorce	
ш	1 and Debtor 2	only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	st one of the deb	otors and another	Other. Specify	
☐ Check	if this claim is	for a community debt	Collecting for -Synchrony Bank	
Is the clair	m subject to off	fset?		
☑ No				
Yes				
4.19				\$2,122.74
Portfolio	Recovery Ass	sociates, LLC	Last 4 digits of account number 0 2 9 5	ΨΖ, 1ΖΖ./ 4
	reditor's Name	Sociales, LLC	Last 4 digits of account number0295_ When was the debt incurred?	
PO Box 1				
Number	Street		As of the date you file, the claim is: Check all that apply. Contingent	
			Unliquidated	
No of alla		VA 00544	Disputed	
Norfolk City		VA 23541 State ZIP Code	Type of NONERIORITY uncooured eleims	
	red the debt?	Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
ш	1 only		☐ Obligations arising out of a separation agreement or divorce	
- .	2 only	anh	that you did not report as priority claims	
_	r 1 and Debtor 2 st one of the deb	offig otors and another	Debts to pension or profit-sharing plans, and other similar debts	
ت		for a community debt	✓ Other. Specify	
ш			Judgment	
✓ No	m subject to off	iset:		
Yes				
4.20				\$0.00
Seventh A			Last 4 digits of account number	
1112 7th	Creditor's Name Avenue		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			☐ Unliquidated ☐ ☐ Disputed	
Monroe		WI 53566		
City Who incur	rod the debte	State ZIP Code	Type of NONPRIORITY unsecured claim:	
Debtor	red the debt?	Check one.	Student loans	
	2 only		Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2	only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	st one of the deb	otors and another	Other. Specify	
☐ Check	if this claim is	for a community debt	Store account	
	m subject to off	fset?		
✓ No				
☐ Yes				

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Debtor 1	Delia		Campos Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsecui	red Claims Continuation Page	
After listin	• .	on this page, number the	m sequentially from the	Total claim
4.21	Jage.			\$1,286.00
Sprint			Last 4 digits of account number	
	reditor's Name		When was the debt incurred?	
P.O.Box Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			Unliquidated	
Jackson	ville	FL 32260-0670	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt?	Check one.	Student loans	
느 ~	r 1 only r 2 only		Obligations arising out of a separation agreement or divorce	
	r 1 and Debtor 2	? only	that you did not report as priority claims	
ш		otors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
	if this claim is	for a community debt	Utility Other. Specify	
_	m subject to of	fset?	,	
☑ No	•			
Yes				
4.22				
	_			\$589.00
	creditor's Name		Last 4 digits of account number	
	Highway 2 W		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ ☐ Contingent ☐ Unliquidated	
			□ Disputed	
Kalispell		MT 59901		
Who incur	red the debt?	State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
	r 1 only	G.1.661K 61161	Student loans Obligations origing out of a consention agreement or diverse	
Debtor	r 2 only		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
ш.	r 1 and Debtor 2	•	Debts to pension or profit-sharing plans, and other similar debts	
س		otors and another	☑ Other. Specify	
☐ Check	t if this claim is	for a community debt	Collecting for -dish network	
	m subject to of	fset?		
✓ No ☐ Yes				
Yes				
4.23				\$671.00
Swiss Co	olony		Last 4 digits of account number	· · ·
Nonpriority C	Creditor's Name		When was the debt incurred?	
1112 7th Number	Ave. Street		As of the date you file, the claim is: Check all that apply.	
			_ ☐ Contingent	
			Unliquidated	
Monroe		WI 53566	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt?	Check one.	Student loans	
별 ~	r 1 only		Obligations arising out of a separation agreement or divorce	
	r 2 only r 1 and Debtor 2	? only	that you did not report as priority claims	
_		otors and another	Debts to pension or profit-sharing plans, and other similar debts	
_	if this claim is	for a community debt		
_	m subject to of	-		
No No	,			
Yes				

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Debtor 1	Delia		Campos Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsecu	red Claims Continuation Page	
After listin		n this page, number the	m sequentially from the	Total claim
4.24				\$441.00
TD BANK	(USA/Target	Credit	Last 4 digits of account number	
	Creditor's Name yzata Blvd		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
Minneapo	olis, MN -5541	6-3401	_ Contingent	
			☐ Unliquidated ☐ ☐ Disputed	
City		Ctata ZID Coda		
City Who incur	red the debt?	State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
☐ Debtor	r 1 only		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
ш	r 2 only	only	that you did not report as priority claims	
	r 1 and Debtor 2 st one of the deb	tors and another	Debts to pension or profit-sharing plans, and other similar debts	
		for a community debt		
	m subject to off		orean dara	
☑ No	•			
Yes				
4.25				\$2,000.00
LUITURE A	cceptance		Last 4 digits of account number	Ψ2,000.00
Nonpriority C	Creditor's Name		When was the debt incurred?	
4454 N. V Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			Unliquidated	
Chicago		IL 60625	─	
City	red the debt?	State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
	r 1 only	Check one.	Student loans	
ш	r 2 only		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
ш.	r 1 and Debtor 2	•	Debts to pension or profit-sharing plans, and other similar debts	
لكا		tors and another	Other. Specify	
	m subject to off	for a community debt	Personal loan	
✓ No	in subject to on	361:		
Yes				
4.26				\$2,258.00
Verizon V	Nirlass		Last 4 digits of account number	<u>Ψ2,236.00</u>
Nonpriority C	Creditor's Name		When was the debt incurred?	
PO Box 2 Number	2 5505 Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			Unliquidated	
Lehigh V	alley	PA 18002-5505	Disputed	
City Who incur	rred the debt?	State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
	r 1 only	OHECK OHE.	Student loans	
	r 2 only		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
=	r 1 and Debtor 2	•	Debts to pension or profit-sharing plans, and other similar debts	
<u> </u>		tors and another	Other. Specify	
_		for a community debt	Other	
Is the clair	m subject to off	Set?		
Yes Tes				

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Debtor 1	Delia			Campos		Case	num	ber (if known)	
	First Name	IVIIC	Idle Name	Last Name					
Part 3:	List Others	to Be	Notified Ab	out a Debt That Y	ou Already	/ Lis	ted		
For e credit debts	xample, if a collector in Parts 1 or 2,	tion age then lis Parts 1	ency is trying t t the collection or 2, list the a	o collect from you fo n agency here. Simil dditional creditors he	r a debt you d arly, if you ha	we t	o sor	nt you already listed in Parts 1 meone else, list the original han one creditor for any of the additional parties to be notifie	•
Blitt & Ga	aines			On which entry	in Part 1 or P	art 2	did	you list the original creditor?	
Name 661 Glen Number	n Ave Street			Line of Attorney for -I — Recovery Ass	Portfolio			1: Creditors with Priority Unsecu 2: Creditors with Nonpriority Un	
Wheeling City	J	IL State	60090 ZIP Code	Last 4 digits of		ber	_0	2 9 5	
Cach LL0				On which entry	in Part 1 or P	art 2	did y	you list the original creditor?	
Name 370 17th Number	St. , Ste. 5000 Street			Line 4.13 of	(Check one):			Creditors with Priority Unsect Creditors with Nonpriority Un-	
Denver City		CO State	80202 ZIP Code	— Last 4 digits of	account num	ber			
	wealth Edison			On which entry	in Part 1 or P	art 2	did y	you list the original creditor?	
Name Bill Paym Number	nent Center Street			Line <u>4.5</u> of	(Check one):			1: Creditors with Priority Unsect 2: Creditors with Nonpriority Un	
Chicago City		IL State	60668-0001 ZIP Code	— Last 4 digits of	account num	ber			
	ED RECOVERY	СОМР	ANY	On which entry	in Part 1 or P	art 2	did y	you list the original creditor?	
P.O.Box S	57547 Street			Line <u>4.21</u> of	(Check one):			1: Creditors with Priority Unsect 2: Creditors with Nonpriority Un	
Jacksony City	ville	FL State	32241 ZIP Code	— Last 4 digits of	account num	ber			
	n Capital System	าร		On which entry	in Part 1 or P	art 2	did y	you list the original creditor?	
P.O. Box Number	7999 Street			Line <u>4.26</u> of	(Check one):	_		1: Creditors with Priority Unsect 2: Creditors with Nonpriority Un	
St. Cloud	l	MN State	56302-9617 ZIP Code	—— Last 4 digits of	account num	ber			

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Debtor 1	Delia		Campos	Case number (if known)		
	First Name	M	liddle Name	Last Name	· ,	
Part 3:	List Othe	rs to B	Notified Ab	out a Debt That You Alr	eady Listed Continuation Page	
JVDB As:	sociates			On which entry in Part	1 or Part 2 did you list the original creditor?	
Name 3949 N. P	ulaski Rd			Line of (Check	one):	
Number Street				Attorney for -Turner Acceptance	Part 2: Creditors with Nonpriority Unsecured Claims	
Chicago		IL	60641	Last 4 digits of account	number	
City		State	ZIP Code			

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Debtor 1	Delia		Campos	Case number (if known)
	First Name	Middle Name	Last Name	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims	6a.	Domestic support obligations	6a.	\$0.00
nom runt r	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. -	\$3,820.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$3,820.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts		\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	^{6i.} ⊀	\$29,905.74
	6j.	Total. Add lines 6f through 6i.	6j.	\$29,905.74

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Fill in this information to identify your case:							
Debtor 1	Delia		Campos				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS							
Case number					Check if this is an		
(if known)] "	amended filing		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Fill in this i	nformation to	identify your case	:	
Debtor 1	Delia		Campos	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filin	g) First Name	Middle Name	Last Name	_
United States E	Bankruptcy Court f	or the: NORTHERN D	ISTRICT OF ILLINOIS	
Case number				Check if this is an
(if known)				Check if this is an amended filing
Official For	m 106H			
	H: Your Cod	lebtors		12/1:
1. Do you have No Yes 2. Within the include Arize No. G Yes. D No. G Yes. D Yes. D Yes. S In Column person sho	last 8 years, have cona, California, Ide to to line 3. Did your spouse, for es 1, list all of your open in line 2 again	? (If you are filing a jo e you lived in a commu aho, Louisiana, Nevada ormer spouse, or legal e codebtors. Do not inc n as a codebtor only if	int case, do not list either sponity property state or territe, New Mexico, Puerto Rico, Tequivalent live with you at the lude your spouse as a code that person is a guarantor	tory? (Community property states and territories Texas, Washington, and Wisconsin.) e time? tebtor if your spouse is filing with you. List the ror cosigner. Make sure you have listed the
		or Schedule G to fill ou		6E/F), or Schedule G (Official Form 106G). Use
Column	1: Your codebto	r		Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.1 Spouse	e Name Not Ent	ered		Cabadula D. lina
Name				Schedule D, line
Number	Street			Schedule E/F, line 4.1
				Schedule G, line
City		State	ZIP Code	AmeriMark Premier
	. Nama Nat For		211 0000	
3.2 Spouse Name	e Name Not Ent	erea		Schedule D, line
Number	Street			Schedule E/F, line 5.1
				Schedule G, line
				Blitt & Gaines
City		State	ZID Codo	

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Debtor			Campos	Case number (if known)
	First Name	Middle Name	Last Name	
	Additional Pag	e to List More Co	debtors	
	Column 1: Your codebto	or		Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
				Check all schedules that apply.
3.3	Spouse Name Not En	tered		
0.0	Name			Schedule D, line
				Schedule E/F, line 5.2
	Number Street			-
				Schedule G, line
				Cach LLC
	City	State	ZIP Code	
3.4	Spouse Name Not En	tered		Schedule D, line
	Name			
	Number Street			Schedule E/F, line 4.2
	Trained. Guest			Schedule G, line
				Capital One Bank
	City	State	ZIP Code	
3.5	Spouse Name Not En	tered		
3.5	Name	torou		Schedule D, line
				Schedule E/F, line 4.3
	Number Street			
				Schedule G, line
				Citibank
	City	State	ZIP Code	
		_		
3.6	Spouse Name Not En	tered		Schedule D, line
	name			
	Number Street			Schedule E/F, line 4.4
				Schedule G, line
				City of Chicago
	City	State	ZIP Code	——————————————————————————————————————
	Oily	State	Zii Code	
3.7	Spouse Name Not En	tered		Schedule D, line 2.1
	Name			Schedule D, line 2.1
	Number Street			Schedule E/F, line
	Number Street			
	-			Schedule G, line
				City of Chicago
	City	State	ZIP Code	
3.8	Spouse Name Not En	tered		
3.6	Name	torou		Schedule D, line
				Schedule E/F, line 4.5
	Number Street			
	-			Schedule G, line
				ComEd
	City	State	ZIP Code	
3.9	Spouse Name Not En	tered		Schedule D, line
	INGITIE			
	Number Street			Schedule E/F, line 5.3
				Schedule G, line
				Commonwealth Edison
	City	State	ZIP Code	—
	Oity	State	ZII. COUE	

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Debtor			Campos	Case number (if known)
	First Name	Middle Name	Last Name	
	Additional Pag	e to List More Co	debtors	
	Column 1: Your codebto	r		Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
				Check all schedules that apply.
3.10	Spouse Name Not Ent	ered		
0.10	Name			Schedule D, line 2.2
				Schedule E/F, line
	Number Street			
				Schedule G, line
				Cook County Treasurer
	City	State	ZIP Code	
3.11	Spouse Name Not Ent	ered		Schedule D, line
	Name			
	Number Street			Schedule E/F, line 4.6
	- Curaci			Schedule G, line
				Country Door
	City	State	ZIP Code	
2 4 2	Spouse Name Not Ent	ered		
3.12	Name	creu		Schedule D, line
				Schedule E/F, line 4.7
	Number Street			-
				Schedule G, line
				Credit One Bank
	City	State	ZIP Code	
	•			
3.13	Spouse Name Not Ent	ered		Schedule D, line
	Name			
	Number Street			Schedule E/F, line 4.8
				Schedule G, line
				Dr. Leonards
				Dr. Leonards
	City	State	ZIP Code	
3.14	Spouse Name Not Ent	ered		
3.14	Name			Schedule D, line
				—
	Number Street			<u></u>
				Schedule G, line
				ENHANCED RECOVERY COMPANY
	City	State	ZIP Code	
		_		
3.15	Spouse Name Not Ent	ered		Schedule D, line
	Name			
	Number Street			Schedule E/F, line 4.9
				Schedule G, line
				<u> </u>
	0.1		715.0	Fifth Third Bank
	City	State	ZIP Code	
3.16	Spouse Name Not Ent	ered		
3.10	Name			Schedule D, line
				Schedule E/F, line 4.10
	Number Street			V
	-			Schedule G, line
				First National Credit Card
	City	State	ZIP Code	

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Debtor	1 Delia		Campos	Case number (if known)	
	First Name	Middle Name	Last Name	· · · · · ·	
	A 1 Pd 1	D 4 . 1 ! . 4 B#	0.1.14		
	Additional	Page to List More	Codeptors		
				0.4 0.7	
	Column 1: Your cod	ebtor		Column 2: The creditor to whom you owe	the debt
				Check all schedules that apply:	
3.17	Spouse Name Not	Entered		— ☐ Schedule D, line	
	Name			-	
	Number Street			Schedule E/F, line 4.11	
				Schedule G, line	
				First Premier Bank	
	City	Sta	ate ZIP Code	_	
	·				
3.18	Spouse Name Not	Entered		Schedule D, line	
	Name				
	Number Street			Schedule E/F, line 4.12	
				Schedule G, line	
				First Savings Credit Card	
	City	Sta	ate ZIP Code	_	
	•				
3.19	Spouse Name Not	Entered		Schedule D, line	
	Name				
	Number Street			Schedule E/F, line 4.13	
				Schedule G, line	
				HSBC Bank USA, N.A.	
	City	Sta	ate ZIP Code	_	
	,				
3.20	Spouse Name Not	Entered		Schedule D, line	
	Name				
	Number Street			Schedule E/F, line	
				Schedule G, line	
				Jefferson Capital Systems	
	City	Sta	ate ZIP Code	_	
	•				
3.21	Spouse Name Not	Entered		─ Schedule D, line	
	Name			<u> </u>	
	Number Street			Schedule E/F, line 5.5	
				Schedule G, line	
				Jefferson Capital Systems	
	City	Sta	ate ZIP Code	<u> </u>	
	•				
3.22	Spouse Name Not	Entered		Schedule D, line	
	Name				
	Number Street			Schedule E/F, line 5.6	
				Schedule G, line	
				JVDB Associates	
	City	Sta	ate ZIP Code		
	•				
3.23	Spouse Name Not	Entered		— Schedule D, line	
	Name			_	
	Number Street			Schedule E/F, line 4.15	
				Schedule G, line	
				Merrick Bank	
	City	C+/	oto ZID Codo		

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Debtor	1 Delia First Name Middle Name	Campos Last Name	Case number (if known)
	Additional Page to List More	• Codebtors	
	Column 1: Your codebtor		Column 2: The creditor to whom you owe the debt
			Check all schedules that apply:
3.24	Spouse Name Not Entered		Schedule D, line
			Schedule E/F, line 4.16
	Number Street		Schedule G, line
			Midland Funding LLC
	City St	ate ZIP Code	
3.25	Spouse Name Not Entered Name		Schedule D, line
			Schedule E/F, line 4.17
	Number Street		
			One Advantage, LLC
	City St	ate ZIP Code	5 /
3.26	Spouse Name Not Entered		Cohadula D. lina
	Name		Schedule D, line
	Number Street		Schedule E/F, line 4.18
			Schedule G, line Portfolio Recovery
	City St	ate ZIP Code	Tortiono Recovery
3.27	Spouse Name Not Entered		
3.21	Name		Schedule D, line
	Number Street		Schedule E/F, line 4.19
			Schedule G, line
	City St	ate ZIP Code	Portfolio Recovery Associates, LLC
	•		
3.28	Spouse Name Not Entered Name		Schedule D, line
	Number Street		Schedule E/F, line 2.1
			Schedule G, line
	City	rate ZIP Code	Robert J. Adams & Associates
	,	ate ZIP Code	
3.29	Spouse Name Not Entered Name		Schedule D, line
	Number Street		Schedule E/F, line 4.20
			Schedule G, line
			Seventh Avenue
	City	ate ZIP Code	
3.30	Spouse Name Not Entered Name		Schedule D, line
			Schedule E/F, line 4.21
	Number Street		Schedule G, line
			Sprint
	City	ato ZID Codo	

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Debtor '		Campos	Case number (if known)
	First Name Middle Nan	ne Last Name	
	Additional Page to List	More Codebtors	
	Column 1: Your codebtor		Column 2: The creditor to whom you owe the debt
			Check all schedules that apply:
3.31	Spouse Name Not Entered		Schedule D, line
	Number Street		Schedule E/F, line 4.22
	Number Street		Schedule G, line
			Stellar Recovery Inc
	City	State ZIP Code	
3.32	Spouse Name Not Entered Name		Schedule D, line
	Number Street		Schedule E/F, line 4.23
			Schedule G, line
			Swiss Colony
	City	State ZIP Code	
3.33	Spouse Name Not Entered Name		Schedule D, line
	Number Street		Schedule E/F, line 4.24
			Schedule G, line
	City	State ZIP Code	TD BANK USA/Target Credit
	•	State ZIP Code	
3.34	Spouse Name Not Entered Name		Schedule D, line
	Number Street		Schedule E/F, line 4.25
			Schedule G, line
	City	State ZIP Code	Turner Acceptance
	•	State Zii Gode	
3.35	Spouse Name Not Entered Name		Schedule D, line
	Number Street		Schedule E/F, line 4.26
			Schedule G, line
	City	State 7ID Code	Verizon Wirless

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	ill in this inform	nation to identi	fy your case:				I	
			ry your case.	0				
	Debtor 1	Delia First Name	Middle Name	Campos Last Name			Che	ck if this is:
	Debtor 2							
1	(Spouse, if filing)	First Name	Middle Name	Last Name			╽╙	An amended filing
	United States Bankr	ruptcy Court for the	NORTHERN	DISTRICT OF IL	LIN	OIS		A supplement showing postpetition chapter 13 income as of the following date:
1	Case number (if known)				_			MM / DD / YYYY
Of	fficial Form 10)6I						
So	chedule I: Yo	ur Income						12/15
res inc abo you	sponsible for supply lude information al out your spouse. If ur name and case n	ying correct informout your spouse. more space is ne	nation. If you are If you are separ eded, attach a se Answer every q	e married and not ated and your spo eparate sheet to th	filing ouse	g jointly, and is not filing	your : with y	Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write
1.	Fill in your emploinformation.	yment		Debtor 1				Debtor 2 or non-filing spouse
	If you have more t job, attach a sepal with information at additional employe	rate page Emploout ers.	oyment status	☐ Employed ☑ Not employe	ed			☐ Employed ☑ Not employed
	Include part-time, or self-employed v		oyer's name					_
	Occupation may ir student or homem applies.	p	oyer's address	Number Street				Number Street
				City		State 7in C	odo.	City State 7in Code
				City		State Zip C	ode	City State Zip Code
		How	long employed ti	here?				
P	Part 2: Give D	etails About M	lonthly Incom	е				
	•		•	n. If you have noth	ing t	o report for a	ny line	, write \$0 in the space. Include your
	n-filing spouse unles ou or your non-filing			er, combine the info	orma	ition for all en	nployei	rs for that person on the lines below. If
•	need more space,	•		,			1 - 7 -	
						For Debtor	· 1	For Debtor 2 or non-filing spouse
2.	List monthly gros payroll deductions would be.	ss wages, salary, a). If not paid montl			2.	\$	0.00	<u>*0.00</u>
3.	Estimate and list	monthly overtime	pay.		3.	+\$	0.00	\$0.00
4.	Calculate gross in	ncome. Add line 2	2 + line 3.		4.	\$	0.00	\$0.00

Official Form 106l Schedule I: Your Income page 1

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Deb	tor 1	Delia Campos		Case nu	mber (if	known)		
		First Name Middle Name Last Name			•	, <u>—</u>		
			F _	or Debtor 1		Debtor 2 or filing spouse	_	
	-	y line 4 here	4.	\$0.00		\$0.00		
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$0.00		\$0.00		
	5b.	Mandatory contributions for retirement plans	5b.	\$0.00		\$0.00		
	5c.	Voluntary contributions for retirement plans	5c.	\$0.00		\$0.00		
	5d.	Required repayments of retirement fund loans	5d.	\$0.00		\$0.00		
	5e.	Insurance	5e.	\$0.00		\$0.00		
	5f.	Domestic support obligations	5f.	\$0.00		\$0.00		
	5g.	Union dues	5g.	\$0.00		\$0.00		
	5h.	Other deductions.						
		Specify:	5h. +	\$0.00		\$0.00		
6.	Add 5g +	the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h.	6.	\$0.00		\$0.00		
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4	. 7.	\$0.00		\$0.00		
8.	List	all other income regularly received:						
	8a.	Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00		\$0.00		
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.						
	8b.	Interest and dividends	8b.	\$0.00		\$0.00		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00	_	\$0.00		
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.						
	٥4	Unemployment compensation	8d.	00.00		¢0.00		
	_	• •		\$0.00		\$0.00		
	8e.	•	8e.	\$733.00		\$0.00		
	8f.	Other government assistance that you regularly receive						
		Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
		Specify: food stamps	8f.	\$770.00		\$0.00		
	9.0	Pension or retirement income	— 8g.	\$0.00		\$0.00		
	_	Other monthly income.	og.			φυ.υυ		
	011.	Specify: auto mechanic	8h. 🛖	\$0.00		\$800.00		
9.	Add	l all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$1,503.00		\$800.00		
	٠.					*****	Γ	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$1,503.00	+	\$800.00	= [\$2,303.00
11.	Inclu frier	te all other regular contributions to the expenses that you list in ude contributions from an unmarried partner, members of your house adds or relatives.	ehold, you	ır dependents, yo		·		
	Do r	not include any amounts already included in lines 2-10 or amounts the	at are no	t available to pay	expense	es listed in Sch	nedu	ıle J.
	Spe	cify:				11.	+ _	\$0.00
12.	inco	I the amount in the last column of line 10 to the amount in line 12 me. Write that amount on the Summary of Your Assets and Liabilities applies.						\$2,303.00 Combined nonthly income
13.	Doy	you expect an increase or decrease within the year after you file	this form	1?				, , , , , , , , , , , , , , , , , , , ,
	☑	No. Yes. Explain: None.						

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Ī	ill in this inform	nation to ident	tify your case:			Cha	als if this	io		
	Debtor 1	Delia		Camp	nos		ck if this An ame	ended filing		
	Debior 1	First Name	Middle Name	Last Na		A supplement showing chapter 13 expenses a				
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	ame		followin		is of the	
	United States Bankr	uptcy Court for the	e: NORTHERN	DISTRICT O	F ILLINOIS		MM / D	D / YYYY		
	Case number (if known)									
Of	fficial Form 10	<u>6J</u>								
Sc	chedule J: Yo	ur Expense	es						1	2/15
nai	rrect information. If me and case number	f more space is n	needed, attach an swer every quest	other sheet to	ling together, both ar this form. On the top					
1.	Is this a joint case	e?								
2.	_ No	ebtor 2 live in a s	_		s for Separate Housel	hold o	f Debtor	2.		
۷.	Do not list Debtor Debtor 2.		No Yes. Fill out this for each depend		Dependent's relation Debtor 1 or Debtor		p to	Dependent's age	Does depended in the Live with your No	
	Do not state the denames.	ependents'						9	- ☑ No	
	names.								- ☑ Yes □ No	
								6	- ☑ Yes	
								3	□ No - ☑ Yes	
									□ No □ Yes	
3.	Do your expense expenses of peop yourself and you	ole other than	✓ No ☐ Yes							
F	Part 2: Estima	ate Your Ongo	oing Monthly E	xpenses						
to		of a date after th	e bankruptcy is f	-	are using this form as a supplemental Sche			-		
	lude expenses paid ch assistance and h		•	•	u know the value of cial Form 106I.)			Your expens	ses	
4.	The rental or hom Include first mortga						4	4		
	If not included in	line 4:								
	4a. Real estate ta	axes					2	4a	\$110	0.00
	4b. Property, hon	neowner's, or rente	er's insurance				2	4b	\$100	0.00
	4c. Home mainte	nance, repair, and	d upkeep expense	S			2	4c		
	4d Homeowner's	association or co	andominium dues				,	1d		

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Debt	or 1	Delia		Campos	Case number (if I	known)
		First Name	Middle Name	Last Name		
						Your expenses
5.	Add	litional mortgage	payments for your resid	ence, such as home equity loans	5.	
6.	Utili	ties:				
	6a.	Electricity, heat,	natural gas		6a	a. \$300.00
	6b.	Water, sewer, ga	arbage collection		66	s. \$50.00
	6c.	Telephone, cell p	ohone, Internet, satellite, a	nd	60	\$100.00
	6d.	Other. Specify:			6d	
7.	Foo	d and housekeep			7.	\$770.00
8.	Chil	dcare and childre	en's education costs		8.	
9.	Clo	thing, laundry, an	nd dry cleaning		9.	\$80.00
10.	Per	sonal care produ	cts and services		10). \$20.00
11.	Med	lical and dental e	expenses		11	. \$40.00
		nsportation. Inclu . Do not include o	ude gas, maintenance, bus car payments.	12	\$100.00	
	Entertainment, clubs, recreation, newspapers, magazines, and books					3.
14.	Cha	ritable contributi	ions and religious donati	ons	14	··
		ırance.				
			nce deducted from your pa	y or included in lines 4 or 20.	4.5	
	15a					āa
	15b					5b
	15c.	. Vehicle insuran	nce		15	5c. \$80.00
	15d	. Other insurance	e. Specify:		15	5d
16.			•	our pay or included in lines 4 or 20.	16)
17.	Inst	allment or lease	payments:			
	17a	. Car payments f	for Vehicle 1		17	'a
	17b	. Car payments f	for Vehicle 2		17	'b
	17c	Other. Specify:	:		17	′c
	17d	. Other. Specify:	:		17	'd
			• •	support that you did not report a Your Income (Official Form 106)		3.
		er payments you cify:	make to support others	who do not live with you.	4.6	
	Sue	UIIV.			19	/ .

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Deb	tor 1	Delia		Campos	Case number (if kno	nown)
		First Name	Middle Name	Last Name			,
20.		er real property ex edule I: Your Incor		in lines 4 or 5 of this form or	on		
	20a.	Mortgages on oth	ner property			20a.	
	20b.	Real estate taxes	3			20b.	
	20c.	Property, homeov	wner's, or renter's insu	rance		20c.	
	20d.	Maintenance, rep	oair, and upkeep exper	nses		20d.	l
	20e.	Homeowner's ass	sociation or condomini	um dues		20e.	ı
21.	Othe	er. Specify:				21.	+
22.	Calc	ulate your monthly	y expenses.				
	22a.	Add lines 4 throu	gh 21.			22a.	\$1,750.00
	22b.	Copy line 22 (mo	nthly expenses for De	otor 2), if any, from Official For	m 106J-2.	22b.	
	22c.	Add line 22a and	22b. The result is you	ur monthly expenses.		22c.	\$1,750.00
23.	Calc	ulate your monthl	y net income.				
	23a.	Copy line 12 (you	ur combined monthly ir	come) from Schedule I.		23a.	\$2,303.00
	23b.	Copy your month	ly expenses from line	22c above.		23b.	- \$1,750.00
	23c.		nthly expenses from y monthly net income.	our monthly income.		23c.	\$553.00
24.	Do y	ou expect an incre	ease or decrease in y	our expenses within the year	after you file this form?		
				or your car loan within the year of a modification to the terms of you	, , ,	age	
		No. Yes. Explain here. None.	:				

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Fill in this inf	ormation to i	dentify your case	:	
Debtor 1	Delia		Campos	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLING	DIS
Case number				
(if known)				
000 1 1 5	4000			

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

P	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$47,500.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$2,025.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$49,525.00
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$1,975.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$3,820.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$29,905.74
	Your total liabilities	\$35,700.74
P	art 3: Summarize Your Income and Expenses	
1.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$2,303.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$1,750.00

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					_		
Deb	otor 1	Delia		Campos	Case numb	er (if known)	
		First Name	Middle Name	Last Name			
P	art 4:	Answer These	Questions fo	or Administrative an	d Statistical Recor	ds	
6.	Are yo	u filing for bankrupto	cy under Chapte	rs 7, 11, or 13?			
	ш	o. You have nothing t es	o report on this pa	art of the form. Check this	s box and submit this for	rm to the court with you	ur other schedules.
7.	What k	kind of debt do you h	ave?				
	fa	mily, or household pu	rpose." 11 U.S.C marily consumer	bts. Consumer debts are i. § 101(8). Fill out lines 8 r debts. You have nothin edules.	-9g for statistical purpos	es. 28 U.S.C. § 159.	,
8.				Ily Income: Copy your tot 3 Line 11; OR, Form 1220	•	ne from	\$1,000.00
9.	Copy t	he following special	categories of cla	aims from Part 4, line 6 o	of Schedule E/F:		
						Total claim	
	From I	Part 4 on Schedule E	F/F, copy the follo	owing:			
	9a. D	omestic support obliga	ations. (Copy line	e 6a.)		\$0.00	<u>)</u>
	9b. Ta	axes and certain other	debts you owe th	ne government. (Copy line	e 6b.)	\$0.00	<u>) </u>
	9c. C	laims for death or pers	sonal injury while	you were intoxicated. (Co	ppy line 6c.)	\$0.00	<u>)</u>

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

\$0.00

\$0.00

\$0.00

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			3.	
Fill in this in	formation to i	identify your case	:	
Debtor 1	Delia		Campos	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing	j) First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS	
Case number (if known)				Check if this is an amended filing
Official Forn	n 106Dec			
Declaration	About an I	Individual Debt	or's Schedules	12/15
\$250,000, or imp			, 18 U.S.C. §§ 152, 1341, 1	th a bankruptcy case can result in fines up to 1519, and 3571.
		someone who is NOT	an attorney to help you	fill out bankruptcy forms?
☑ No				
☐ Yes. N	lame of person _			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penal	Ity of perjury, I de	eclare that I have read	the summary and sched	dules filed with this declaration and that they are

X /s/ Delia Campos
Delia Campos, Debtor 1

Date <u>11/16/2016</u> MM / DD / YYYY Signature of Debtor 2

MM / DD / YYYY

Date

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		idontify your occo			
Fill in this inf	formation to	identify your case			
Debtor 1	Delia		Campos		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court f	or the: NORTHERN D	DISTRICT OF ILLINOIS		
Case number					
(if known)				Check if this is an amended filing	
Official Form	107				
Statamont c					
Be as complete a correct information	nd accurate as on. If more space	possible. If two marri	separate sheet to this form. On	nkruptcy th are equally responsible for supplying the top of any additional pages, write	04/16
Be as complete a correct information	nd accurate as on. If more spac ase number (if k	possible. If two marrice is needed, attach a nown). Answer every	ed people are filing together, bo separate sheet to this form. On	th are equally responsible for supplying the top of any additional pages, write	04/16
Be as complete a correct information your name and care Part 1: Given the control of the control	nd accurate as on. If more space ase number (if k ve Details Ab current marital	possible. If two marrice is needed, attach a nown). Answer every	ed people are filing together, bo separate sheet to this form. On question.	th are equally responsible for supplying the top of any additional pages, write	04/16
Be as complete a correct informatic your name and carried. 1. What is your Married Not married. 2. During the later correct informatic part 1:	nd accurate as on. If more space ase number (if ke ve Details Ab current marital	possible. If two marrice is needed, attach a nown). Answer every out Your Marital Status?	ed people are filing together, bo separate sheet to this form. On question.	th are equally responsible for supplying the top of any additional pages, write	04/16
Be as complete a correct informatic your name and carried. Part 1: Given 1. What is your Married Not married. During the law No	nd accurate as on. If more space ase number (if k ve Details Ab current marital ed ast 3 years, have	possible. If two marrice is needed, attach a nown). Answer every tout Your Marital Status?	ed people are filing together, bo separate sheet to this form. On question. Status and Where You Live	th are equally responsible for supplying the top of any additional pages, write	04/16
Be as complete a correct informatic your name and carried. 1. What is your Married Not married. 2. During the law Yes. List. 3. Within the law (Community page).	nd accurate as on. If more space as e number (if keye Details Abscurrent marital and ast 3 years, have all of the places at 8 years, did years,	possible. If two marricle is needed, attach a nown). Answer every tout Your Marital Status? e you lived anywhere of you lived in the last 3 you ever live with a specific possible.	ed people are filing together, bo separate sheet to this form. On question. Status and Where You Live other than where you live now? years. Do not include where you live ouse or legal equivalent in a cor	th are equally responsible for supplying the top of any additional pages, write	04/16

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Deb	otor 1	Delia First Name	Middle Name	Campos Last Name	Case nu	mber (if known)			
Р	art 2:	Explain the	Sources of Yo	ur Income					
4.	Fill in th	ne total amount of	income you receive	ent or from operating a led from all jobs and all b come that you receive to	usinesses, including par		calendar years?		
	✓ No ☐ Yes	s. Fill in the detail:	S.						
5.	Include unempl	income regardles loyment; and other mbling and lottery	s of whether that ir public benefit pay	ments; pensions; rental i	ples of other income are income; interest; dividen	alimony; child support; S ds; money collected from eceived together, list it or	lawsuits; royalties;		
	List each source and the gross income from each source separately. Do not include income that you listed in line 4.								
	□ No ☑ Yes	s. Fill in the details	S.						
				Debtor 1		Debtor 2			
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions		
		ary 1 of the currer u filed for bankru	it year until -	social security	\$8,063.00				
		calendar year: December 31,	-	social security	\$8,796.00				
		endar year before o December 31, 7	uiat.	social security	\$8,796.00				

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Del		Delia		Campos	Case number (if known)
		First Name	Middle Name	Last Name	
P	art 3:	List Ce	rtain Payments You	Made Before You Fi	led for Bankruptcy
6.	Are eith	er Debtor	l's or Debtor 2's debts pr	imarily consumer debts	?
	□ No.		Debtor 1 nor Debtor 2 ha I by an individual primarily	•	bbts. Consumer debts are defined in 11 U.S.C. § 101(8) as nousehold purpose."
		During th	ne 90 days before you filed	for bankruptcy, did you p	ay any creditor a total of \$6,425* or more?
		□ No. 0	Go to line 7.		
		☐ Yes.	total amount you paid that	creditor. Do not include	\$6,425* or more in one or more payments and the payments for domestic support obligations, such as ments to an attorney for this bankruptcy case.
		* Subjec	t to adjustment on 4/01/19	and every 3 years after th	nat for cases filed on or after the date of adjustment.
	☑ Yes	. Debtor 1	or Debtor 2 or both have	e primarily consumer de	bts.
		During th	ne 90 days before you filed	for bankruptcy, did you p	ay any creditor a total of \$600 or more?
		☑ No. (Go to line 7.		
		☐ Yes.		ayments for domestic sup	\$600 or more and the total amount you paid that oport obligations, such as child support and alimony. s bankruptcy case.
7.	Insiders corporat agent, ir	include you tions of which ncluding one	ur relatives; any general pa ch you are an officer, direc	artners; relatives of any get tor, person in control, or o	nent on a debt you owed anyone who was an insider? Eneral partners; partnerships of which you are a general partner; Eneral partners; partnerships of which you are a general partner; Eneral partners; partnerships of which you are a general partner; Eneral partners; partnerships of which you are a general partner; Eneral partners; partnerships of which you are a general partner; Eneral partners; partnerships of which you are a general partner; Eneral partners; partnerships of which you are a general partner; Eneral partners; partnerships of which you are a general partner; Eneral partners; partnerships of which you are a general partner; Eneral partners; partnerships of which you are a general partner; Eneral partners; partnerships of which you are a general partner; Eneral partnerships of which you are a general partner; Eneral partnerships of which you are a general partner; Eneral partnerships of which you are a general partner; Eneral partnerships of which you are a general partner; Eneral partnerships of which you are a general partner; Eneral partnerships of which you are a general partner; Eneral partnerships of which you are a general partner; Eneral partnerships of which you are a general partner; Eneral partnerships of which you are a general partner; Eneral partnerships of which you are a general partnerships of which you are a genera
	✓ No ☐ Yes	. List all pa	yments to an insider.		
3.		l year befo		cy, did you make any pa	yments or transfer any property on account of a debt that
			n debts guaranteed or cos	igned by an insider.	
	✓ No ☐ Yes	. List all pa	yments that benefited an i	nsider.	
		l	Land Address Barr		
ľ	art 4:	Identify	Legal Actions, Rep	ossessions, and Fol	reciosures
Э.	List all s	such matters	-		ny lawsuit, court action, or administrative proceeding? ns, divorces, collection suits, paternity actions, support or custody
	☑ No □ Yes	. Fill in the	details.		

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Deb	otor 1	Delia First Name	Middle Name	Campos Last Name	Case number (if k	nown)	
10.	seized,		filed for bankru	otcy, was any of your prope	rty repossessed, foreclose	d, garnished, attach	ed,
	_	. Go to line 11. s. Fill in the informa	ation below.				
11.				uptcy, did any creditor, incl make a payment because	_	stitution, set off any	′
	✓ No	s. Fill in the details					
12.				otcy, was any of your prope ustodian, or another official		assignee for the be	nefit of
	☑ No □ Yes	5					
P	art 5:	List Certain	Gifts and Cor	tributions			
13.	Within	2 years before you	ı filed for bankrı	ıptcy, did you give any gifts	with a total value of more t	than \$600 per perso	n?
	✓ No ☐ Yes	s. Fill in the details	for each gift.				
14.		2 years before you charity?	ı filed for bankrı	ıptcy, did you give any gifts	or contributions with a total	al value of more tha	n \$600
	✓ No ☐ Yes	s. Fill in the details	for each gift or c	ontribution.			
Р	art 6:	List Certain	Losses				
15.		1 year before you lisaster, or gambli	-	otcy or since you filed for b	ankruptcy, did you lose any	thing because of th	eft, fire,
	✓ No	s. Fill in the details					
P	art 7:	List Certain	Payments or	Transfers			
16.	anyone	you consulted ab	out seeking bar	otcy, did you or anyone else kruptcy or preparing a ban	kruptcy petition?		-
		any attorneys, ban	kruptcy petition p	reparers, or credit counseling	agencies for services require	ed for your bankrupto	cy.
	☐ No ☑ Yes	s. Fill in the details					
	bert J. / son Who V	Adams & Associ Vas Paid	ates	Description and value of a	ny property transferred	Date payment or transfer was made	Amount of payment
	W. Jac nber Str	ekson, Suite 202 reet				11/07/2016	\$30.00
Ch i	icago	IL State	60607 ZIP Code				
Ema	ail or websi	te address					
Doro	.a. \//b.a. \	Made the Payment if N	ot Vou				

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Deb	otor 1	Delia		Campos	Case	number (if known)	
17.	Within 1	First Name 1 year before your	Middle Name filed for bankruptcy	Last Name	lse acting on you	r behalf pay or transfer ar	ny property to
•••				your creditors or to m			ny proponty to
	Do not i	nclude any paymer	nt or transfer that you	listed on line 16.			
	✓ No ☐ Yes	s. Fill in the details.					
18.		•	•	y, did you sell, trade, of your business or fir		sfer any property to anyo	one, other than
		•		de as security (such as already listed on this s		urity interest or mortgage o	n your property).
	✓ No ☐ Yes	s. Fill in the details.					
19.	you are		-	cy, did you transfer a ed asset-protection de		self-settled trust or simila	r device of which
	✓ No ☐ Yes	. Fill in the details.					
P	art 8:	List Certain I	Financial Accou	nts, Instruments,	Safe Deposit E	Boxes, and Storage U	Jnits
20.			filed for bankruptcy ved, or transferred?	, were any financial a	ccounts or instru	ments held in your name,	, or for your
			•	her financial accounts; ons, and other financia		osit; shares in banks, credi	it unions, brokerage
	✓ No ☐ Yes	s. Fill in the details.					
21.	-	now have, or did gurities, cash, or ot		ear before you filed fo	or bankruptcy, any	y safe deposit box or othe	er depository
	✓ No ☐ Yes	s. Fill in the details.					
22.		ou stored property	/ in a storage unit or	r place other than you	ır home within 1 y	ear before you filed for b	ankruptcy?
	✓ No ☐ Yes	s. Fill in the details.					
P	art 9:	Identify Prop	erty You Hold o	r Control for Som	eone Else		
23.	-	hold or control ar		neone else owns? Inc	clude any propert	y you borrowed from, are	storing for,
	✓ No ☐ Yes	. Fill in the details.					

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Deb	otor 1	Delia		Campos	Case number (if known)	
		First Name	Middle Name	Last Name		
P	art 10:	Give Details	About Environme	ental Information		
or	the purp	oose of Part 10, the	e following definition	s apply:		
ı	hazardoı	ıs or toxic substar	nce, wastes, or mater	rial into the air, land, soil,	on concerning pollution, contamination surface water, groundwater, or other inces, wastes, or material.	
		•	• • • •	defined under any enviro cluding disposal sites.	onmental law, whether you now own,	operate, or
				nmental law defines as a l aminant, or similar item.	hazardous waste, hazardous substanc	e, toxic
Rep	ort all n	otices, releases, a	nd proceedings that	you know about, regardle	ess of when they occurred.	
24.	Has an	y governmental un	it notified you that y	ou may be liable or poten	ntially liable under or in violation of an	environmental
	☑ No	s. Fill in the details.				
25.	-	ou notified any gov	vernmental unit of ar	ny release of hazardous m	naterial?	
	✓ No ☐ Yes	s. Fill in the details.				
26.	Have you		any judicial or admir	nistrative proceeding und	ler any environmental law? Include se	ettlements and
	✓ No ☐ Yes	s. Fill in the details.				
Ρ	art 11:	Give Details	About Your Busi	ness or Connections	s to Any Business	
27.	Within busines		filed for bankruptcy	, did you own a business	or have any of the following connecti	ons to any
		A member of a lim A partner in a part An officer, directo	nited liability company tnership r, or managing execut	(LLC) or limited liability pa		
			e applies. Go to Part of ply above and fill in the	12. e details below for each bu	usiness.	
28.			filed for bankruptcy reditors, or other pa		statement to anyone about your busin	ess? Include
	□ No	s. Fill in the details	below.			

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Debtor 1	Delia		Campos	Case number (if known)
	First Name	Middle Name	Last Name	
Part 12	Sign Belov	v		
that answer	ers are true and only fraud in conne	correct. I understand t	hat making a false state	tachments, and I declare under penalty of perjury ement, concealing property, or obtaining money or es up to \$250,000, or imprisonment for up to 20 years,
X /s/ Del	ia Campos		x	
Delia C	ampos, Debtor 1	_	Signature of Deb	tor 2
Date _	11/16/2016		Date	
Did you at	tach additional p	ages to Your Statemen	nt of Financial Affairs for	r Individuals Filing for Bankruptcy (Official Form 107)?
✓ No ☐ Yes				
Did you pa	ay or agree to pa	y someone who is not	an attorney to help you	fill out bankruptcy forms?
☑ No				
	Name of person _			Attach the Bankruptcy Petition Preparer's Notice,
				Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
 Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liqudation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

+	\$75	filing fee administrative fee trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans:
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

+		filing fee administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee \$75 administrative fee \$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee \$75 administrative fee \$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

 $\frac{http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/Bankruptcy/Resources/ApprovedCreditAndDebtCounselors.aspx.}{}$

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

In	re Delia Campos	Case No.	
		Chapter	13
	DISCLOSURE OF COMPENSATION OF ATTO	RNEY FOR	DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am t that compensation paid to me within one year before the filing of the petition in services rendered or to be rendered on behalf of the debtor(s) in contemplatio is as follows:	bankruptcy, or a	agreed to be paid to me, for
	For legal services, I have agreed to accept	\$3	3,850.00
	Prior to the filing of this statement I have received		\$30.00
	Balance Due	\$3	3,820.00
2.	The source of the compensation paid to me was: ☐ Other (specify)		
3.	The source of compensation to be paid to me is:		
	✓ Debtor ☐ Other (specify)		
4.	☑ I have not agreed to share the above-disclosed compensation with any of associates of my law firm.	her person unles	ss they are members and
	☐ I have agreed to share the above-disclosed compensation with another perassociates of my law firm. A copy of the agreement, together with a list of compensation, is attached.	•	
5.	In return for the above-disclosed fee, I have agreed to render legal service for	all aspects of the	e bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debt bankruptcy;	tor in determining	g whether to file a petition in
	b. Preparation and filing of any petition, schedules, statements of affairs and p	olan which may b	pe required;
	c. Representation of the debtor at the meeting of creditors and confirmation he	earing, and any	adjourned hearings thereof;

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6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

11/16/2016 /s/ Robert J. Adams & Associates

Date

Robert J. Adams & Associates
Robert J Adams & Associates
901 W Jackson Suite 202

Chicago, IL 60607 Phone: (312) 346-0100 / Fax: (312) 346-6228

Bar No. 0013056

/s/ Delia Campos

Delia Campos

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Fill in this	.fa				Chack se	directed in lines 1	7 and 24.		
Fill in this in	formation to ide	entify your case:							
Debtor 1	Delia First Name	Middle Name	Campos Last Name		According to Statement:	the calculations require	ed by this		
Dahtar 0	riistivame	Wildale Name	Lastivanic		1. Disposa	ble income is not deter	mined		
Debtor 2 (Spouse, if filing	g) First Name	Middle Name	Last Name			1 U.S.C. § 1325(b)(3).			
United States Ba	ankruptcy Court for t	he: NORTHERN DIS	TRICT OF ILLIN	IOIS		able income is determin 1 U.S.C. § 1325(b)(3).	ed		
Case number					3. The con	nmitment period is 3 ye	ars.		
(if known)					4. The con	nmitment period is 5 ye	ars.		
Official Forn	n 122C-1				☐ Check if t	his is an amended filinç	3		
		Your Current		ome			4044		
and Calcula	ation of Com	mitment Period					12/1		
		verage Monthly In							
•	What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11.								
·									
Married	d. Fill out both Colum	nns A and B, lines 2-11							
bankruptcy August 31. I in the result.	case. 11 U.S.C. § 1 If the amount of your Do not include any	01(10A). For example monthly income varied	e, if you are filing o I during the 6 mon han once. For exa	n Septembeths, add the imple, if both	er 15, the 6-mon income for all 6 th spouses own t	months before you file th period would be Marc months and divide the he same rental property e space.	ch 1 through total by 6. Fill		
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse			
	wages, salary, tips, ayroll deductions).	bonuses, overtime, a	nd commissions		\$0.00	\$0.00			
3. Alimony and	d maintenance payr	nents. Do not include	payments from a	spouse.	\$0.00	\$0.00			
expenses of regular contr your depend	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.					\$1,000.00			
5. Net income	from operating a bu	usiness, profession, c	or farm						
		Debtor 1	Debtor 2						
Gross receip deductions)	ets (before all	\$0.00	\$0.00						
Ordinary and expenses	d necessary operating	g – \$0.00	\$0.00	Сору					
Net monthly	income from a busin	ess, \$0.00	\$0.00	here -	\$0.00	\$0.00			

profession, or farm

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6. Net income from rental and other real property Debtor 1 Gross receipts (before all deductions) Ordinary and necessary operating — \$0.00 — \$0.00 expenses Net monthly income from rental or other real property 7. Interest, dividends, and royalties 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:	Column A Column B Debtor 1 Debtor 2 or						
Gross receipts (before all deductions) Ordinary and necessary operating — \$0.00 — \$0.00 expenses Net monthly income from rental or other real property 7. Interest, dividends, and royalties 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:	non-filing spouse						
Gross receipts (before all deductions) Ordinary and necessary operating — \$0.00 — \$0.00 expenses Net monthly income from rental or other real property 7. Interest, dividends, and royalties 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:							
Ordinary and necessary operating — \$0.00 — \$0.00 expenses Net monthly income from rental or other real property 7. Interest, dividends, and royalties 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:							
Ordinary and necessary operating — \$0.00 — \$0.00 expenses Net monthly income from rental or other real property 7. Interest, dividends, and royalties 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:							
Net monthly income from rental or other real property 7. Interest, dividends, and royalties 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:	,						
 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:	40.00						
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:	\$0.00\$0.00_						
For you	\$0.00 \$0.00						
For your spouse							
 Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, 							
 was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, 							
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity,	\$0.00\$0.00						
Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	+ + \$0.00 + \$1,000.00 = \$1,000.00						
	Total average monthly income						
Part 2: Determine How to Measure Your Deductions from Inco	ome						
12. Copy your total average monthly income from line 11	\$1,000.00						
13. Calculate the marital adjustment. Check one:							
You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below.							
Total							

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Deb	otor 1	Delia First Name		Campos Last Name	Case number (if known)	
15.	Calcu		monthly income for the ye		e steps:	
		-				\$1,000.00
			by 12 (the number of months			X 12
	15b.	15b. The result is your current monthly income for the year for this part of the form				
16.						
		Fill in the state in		•	llinois	
			of people in your household	 I.	6	
	16c.	Fill in the median To find a list of ap	family income for your state	and size of hous ounts, go online	seholdusing the link specified in the separate	\$106,880.00
		instructions for thi	s form. This list may also b	e available at the	bankruptcy clerk's office.	
17.	How	do the lines comp	are?			
	17a.	Ľ	•		age 1 of this form, check box 1, <i>Disposable incon</i> out Calculation of Your Disposable Income (Officia	
	17b.	11 U.S.C. §		d fill out Calcula	nis form, check box 2, <i>Disposable income is deteri</i> tion of Your Disposable Income (Official Form of from line 14 above.	
P	art 3:	Calculate Y	our Commitment Per	iod Under 11	U.S.C. § 1325(b)(4)	
18.	Сору	your total average	e monthly income from lin	e 11		\$1,000.00
19.	that c	•	mitment period under 11 U.S		r spouse is not filing with you, and you contend allows you to deduct part of your spouse's	
	19a.	If the marital adjus	stment does not apply, fill in	0 on line 19a		
	19b.	Subtract line 19a	from line 18.			\$1,000.00
20.	Calcu	ulate your current	monthly income for the ye	ar. Follow these	e steps:	
	20a.	Copy line 19b				\$1,000.00
		Multiply by 12 (the	number of months in a yea	r).		X 12
	20b.	The result is your	current monthly income for	the year for this p	part of the form.	\$12,000.00
	20c.	Copy the median	family income for your state	and size of hous	ehold from line 16c	\$106,880.00
21.	How	do the lines comp	are?			
			n line 20c. Unless otherwise ommitment period is 3 years	•	court, on the top of page 1 of this form,	
	_		an or equal to line 20c. Unlo		dered by the court, on the top of page 1 to Part 4.	

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Debtor 1	Delia		Campos	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 4:	Sign Below	1			
By sigr	ning here, under p	enalty of perjury I decl	are that the information of	on this statement and in any attachments is true and o	correct.
χ /s/ Delia Campos			X		
Del	lia Campos, Debto	or 1		Signature of Debtor 2	
_					
Dat	te 11/16/2016			Date	

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.